

Health Information Technology Commission
Minutes

Date: Thursday February 21, 2013
1:00pm – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley M.D.-Chair
Toshiki Masaki – Vice Chair-Phone
Michael Chrissos-Phone
Nick Lyon
Orest Sowirka, D.O.
Irita Matthews
Robert Milewski
Michael Gardner - Phone
David Behen
Thomas Lauzon

Commissioners Absent:

Larry Wagenknecht, R.Ph.
Mark Notman, Ph.D.

Staff:

Meghan Vanderstelt
Kimberly Bachelder

Guests:

Mark Teller
Trevon Hoban
David Tschirhart
Jeff Allison
Joel Wallace
Umbrin Ateequi
Bruce Wiegand
Laura Rappleye
Tim Pletcher
Jacqueline Rosenblatt
Joe Kher
Kip Welty

Jonathon Goldstein
Suzina Orelli
Sharon Stotenbur-Wing
Jason Werner
Clare Tanner
Jeff Livesay
Carl Bertrans
Joe Collen
Brain Seggie
Jackie Anderson
Rosayln Beene-Harris
Megan Petzko-Seet

Patty Houghton
Paul Groll
Tairus Taylor
Philip Vigés
John Hazewinkle
Darrell Dontje
Isabelle Terry
Tim Dupont
Tene Krantz
May Al Khafagi

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday February 21, 2013 at the Michigan Department of Community Health with ten Commissioners present.

A. Welcome & Introductions

1. Gregory Forzley M.D., Chair for the meeting, welcomed the HITC members. Meghan Vanderstelt announced that Dennis Swan, representing hospitals, resigned from the Commission in early February due to scheduling conflicts.

B. Review and Approval of January 17, 2013 meeting minutes

1. Minutes of the January 17, 2013 meeting were approved and will be posted to the HIT Commission (HITC) website following the meeting.

C. Dashboard

1. Vanderstelt reviewed the February 2013 Dashboard. A copy of the February dashboard will be available on the HITC website.
2. Commissioner Comment: Commissioner Robert Milewski commented that he would like the Commission to look into a press release highlighting Michigan data from the ONC dashboard. According to the ONC Dashboard, Michigan has demonstrated continued progress and improvement. Milewski noted that a press release could create a positive light on the HIE efforts in Michigan by comparing State efforts to national efforts. The HIT Commission agreed and Vanderstelt will pursue a future press release.

D. 2012 Annual Report

1. Vanderstelt presented the Commission with the latest version of the HIT Commission 2012 Annual Report. Vanderstelt noted that the goal is to submit the final version to the Legislature by the end of the first quarter of 2013.
2. Commissioner Comment: Commissioner Greg Forzley M.D. recommended that additional paragraphs on sub-state HIE activity be included under the MiHIN summary section of the report. The Commission agreed and added that the inclusion of a graph, similar to the ONC dashboard, would assist in gaining a better understanding of activities among MiHIN and sub-state HIEs.

E. HITC 2013 Themes Revisited

1. Vanderstelt presented an updated version of the Forecast of 2013 HIT Themes.
2. Commissioner Comment: Commissioner David Behen commented how he believed that the graph was a good representation of the Commission discussion that took place during the December planning meeting for 2013. The Commission agreed and accepted the Forecast of 2013 Themes as the agenda/work plan for 2013, but noted that the inclusion of the DCH strategic priorities will be incorporated as the year progresses.

F. Cyber Security Recommendations for the HIT Commission

1. Tim Pletcher of MiHIN Shared Services presented the final version of the "Cyber Security Recommendations for the HIT Commission" which included the prioritization of the recommendations requested by the HITC during January's meeting. The Seven Essential Priorities, ranked highest to lowest, recommended that the HITC act upon the following:
 - a. Establish framework for identity management.

- b. Develop an identity management infrastructure.
- c. Reduce financial burden with privacy and security compliance.
- d. Endorse the National Institute of Standards and Technology (NIST) definitions of assurance levels.

The 11 High Priorities, ranked highest to lowest, recommended that the HITC act upon the following:

- e. Develop Level of Assurance (LOA) 3 roadmap.
- f. Establish workgroup on security/privacy legislative issues.
- g. Establish workgroup on establishing a Michigan Identity Trust Federation.
- h. Monitor Federal Trust Identity Federation efforts.
- i. Fund HIE Identity Federation framework pilot.
- j. Endorse an Identity Trust Federation approach.

G. HITC Next Steps with Cyber Security

1. The Commission agreed that they need more information on current security activities in Michigan. Forzley noted that a primary cyber security goal of the Commission is to avoid redundancy of other State activities.
2. Robert Milewski endorsed the “federated” approach of the Trust Federation Model.
3. Nick Lyon stated that from a Department of Community Health perspective, he would like to see DTMB take a leadership role in the area of Cyber Security. David Behen agreed and will take the recommendations, along with MiHIN presentation, to the Governor’s Cyber Security Task Force meeting in March.
4. Since healthcare is upcoming force emerging in cyber security, Commissioner Chrissos moved to try and establish a permanent relationship with the Cyber Security Task Force. Commissioner Orest Sowirka, D.O. seconded. The Commission approved.
5. During March’s HIT Commission meeting, Behen will give the state’s perspective on “Cyber Security Recommendations for the HIT Commission”. Following the Taskforce’s review Behen will update the Commission on the Taskforce’s comments.

H. Michigan Health Insurance Exchange

1. Chris Priest, lead for the Health Insurance Exchange (HIX), presented to the HIT Commission on the current status of the HIX project.
2. Priest explained that there are three options for under the Affordable Care Act for the Exchange:
 - a. State Benefits Exchange (SBE) - the State establishes, governs, and carries out all of the federally-mandated tasks of the Exchange. Michigan opted against this choice last year.
 - b. Federally-Facilitated Exchange (FFE) - the federal government establishes, governs, and carries out the required tasks of the Exchange.
 - c. State Partnership Exchange (SPE) - The model is similar to the Federally-Facilitated Exchange model in that the federal government operates most

tasks, but the State has the option to maintain control over Plan Management and contribute with Consumer Assistance efforts. Priest noted that Governor Snyder is in support of the State Partnership Exchange model.

3. Priest noted that in order to perform the critical functions of the State Partnership Exchange, the Michigan Legislature must appropriate federal grant money by the end of February 2013.
4. Priest described the main elements of the State Partnership Exchange:
 - a. **Plan Management-** The Michigan Office of Financial and Insurance Regulation (OFIR) would retain regulatory authority over qualified health plans through a State Partnership Exchange. In a Federal Facilitated Exchange, qualified health plans would be regulated by both the federal government and by OFIR per Michigan law.
 - b. **Customer Assistance-** The Federal government runs the primary website and call center for the Michigan Exchange. The Federal government will fund, select, and train “Navigators” which are described as individuals who assist with consumer face-to-face interactions of the Exchange. The State may elect to fund and train in-person assistors who will work with the Navigator program. Priest described the option as “Michiganders helping Michiganders”.
5. Priest noted that enrollment in Michigan’s Exchange is expected to be anywhere from 360,000 to over 1.36 million in 2013, moving upward to a range of 480,000+ to 1.5 million over the next five to ten years.
6. Priest explained that regardless of the type of Exchange Michigan elects, Michigan must implement new technology to accommodate changing Medicaid eligibility determinations and requirements. The State faces HHS penalties if this is not implemented, regardless if the Michigan Legislature appropriates funding to do so or not.

I. Questions and Discussion regarding Michigan Health Insurance Exchange

1. The Commission asked Priest if there was any foreseen correlation with HIX and HIE consumer engagement efforts. Priest replied that Michigan is planning for a SPE model of Exchange, and therefore, the consumer engagement elements will be federally led. Priest said that there could be some correlation, but that will have to be determined in the future following more information on the federal government’s consumer engagement strategy. Priest also commented that the federal government did not anticipate so many states to pass on state based exchanges and in effect, has not offered all the information related to Federally Facilitated and State Partnership Exchange rules and regulations.

J. Public Comment

1. Vanderstelt commented and that she received numerous comments via email, all expressing similar language to the following statement: "I am opposed to the Michigan Health Care Exchange Insurance Exchange, and any monies being used to implement or leverage or utilize ANY Michigan technology system (for example but not limited to [MiHIN](#) or [CHAMPS](#) (Medicaid portal) [M-CEITA](#)) for that purpose OR any use of any Michigan technology systems

in the Michigan Health Care Exchange Insurance Exchange regardless of any grant money.” Vanderstelt read aloud one of the comments received.

2. Priest clarified that no private medical information would be shared through the Health Insurance Exchange (HIX); only necessary eligibility information would be shared between the State and Federal governments.
3. Cynthia Green Edwards, Director of Medicaid Health Information Technology commented that the received comments reflect the confusion between Health Insurance Exchange and Health Information Exchange. Edwards noted that the HIT community should continue to educate consumers on security concerns and assure people that security is a top concern in our HIE efforts.
4. Tim Pletcher, Executive Director of MiHIN, stated the comment read aloud underscored the need to move effectively on security and privacy issues to allay valid consumer fears about their medical information.

K. Adjourn

1. Meeting Adjourned 2:58 p.m.